Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4/19/2007</u>	Address;	Lehigh quarry
Case #:	<u>33-27845</u>		<u>Mi</u> tchell, IN
County:	<u>Lawrence</u>		
Type of Laboratory Scizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (a Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Water Reactive Metal (Lithium): Anhydrous Ammonia: Open air, empty Hydrochloric Acid Gas Generator(s): Corrosive Acid: open air Corrosive Base: Other (item and location):			
Child under age 18 discovered (check one) Investigative Information Yes 0 (number present) □ Ephedrine/Pseudoephedrine Tracking Log No □ Retail/Merchant Tip *If yes, fax report to Child Protective Services □ Other: □ This report is to be faxed to the following agencies that serve the location: Fire Department: Marion Twp FD Fax: Hand delivered Health Department: Lawrence Co Fax: Hand delivered			
	tion Service;	Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Ryan Miller Phone 332-4411			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department sed: listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.